



AT  
2833

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/643,948
		Filing Date	August 23, 2000
		First Named Inventor	Kaori YASUFUKU et al.
		Group Art Unit	2833
		Examiner Name	Felix O. Figueroa
Total Number of Pages in This Submission		Attorney Docket Number	742423-6

### ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Declaration and Power of Attorney	<input checked="" type="checkbox"/> Appeal Communication to Group <i>(Appeal Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Application Data Sheet
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	<input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

### Remarks

The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Donald R. Studebaker, Reg. No. 32,815 Nixon Peabody LLP 401 9 <sup>th</sup> Street, N.W. Suite 900 Washington, D.C. 20004-2128	RECEIVED SEP -4 2003 TECHNOLOGY CENTER 2833
Signature		
Date	August 29, 2003	

### CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

I hereby certify that this correspondence is being:

- deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop \_\_\_\_\_, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450
- transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) \_\_\_\_\_.

Date

Signature

Typed or printed name

**FEE TRANSMITTER FOR FY 2003**

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

AMOUNT OF PAYMENT (\$600.00)

**METHOD OF PAYMENT (check all that apply)**

Check  Credit Card  Money Order  Other  None

Deposit Account:

Deposit Account Number 19-2380 (742423-6)

Deposit Account Name Nixon Peabody LLP

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

**FEE CALCULATION**

**I. BASIC FILING FEE**

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

**SUBTOTAL (1) (\$ 0)**

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	Extra Claims	Fee from below	Fee Paid
	-20** =		0
Independent Claims	-3** =		0
Multiple Dependent	X		0

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2) (\$ 0)**

\*\*or number previously paid, if greater; For Reissues, see above

Complete if Known	
Application Number	09/643,948
Filing Date	August 23, 2000
First Named Inventor	Kaori YASUFUKU et al.
Examiner Name	Felix O. Figueroa
Art Unit	2833
Attorney Docket No.	742423-6

**FEE CALCULATION (continued)**

**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	410	2252	205
1253	930	2253	465
1254	1,450	2254	725
1255	1,970	2255	985
1401	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,300	2453	650
1501	1,300	2501	650
1502	470	2502	235
1503	630	2503	315
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	750	2809	375
1810	750	2810	375
1801	750	2801	375
1802	900	1802	900
Other fee (specify) _____			

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3) (\$600.00)**

**CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]**

I hereby certify that this correspondence is being:

- deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop \_\_\_\_\_, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450
- transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) \_\_\_\_\_.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Typed or printed name \_\_\_\_\_

**SUBMITTED BY**

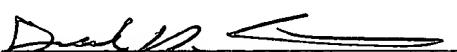
Name (Print/Type)	Donald R. Studebaker	Registration No. (Attorney/Agent)	32,815	Telephone	(202) 585-8000
Signature				Date	August 29, 2003

SEND TO: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

NVA275708.1



#29  
9-10-03  
Robert ~  
Oral Hearing

REQUEST FOR ORAL HEARING BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 74223-6				
<p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on _____.</p> <p>Signature _____</p> <p>Typed or printed name _____</p>						
<p>In re Application of Kaori YASUFUKU et al.</p> <table border="1"> <tr> <td>Application Number 09/643,948</td> <td>Filed August 23, 2000</td> </tr> </table> <p>For CONNECTOR FOR A MODULE</p> <table border="1"> <tr> <td>Group Art Unit 2833</td> <td>Examiner Felix O. Figueroa</td> </tr> </table>			Application Number 09/643,948	Filed August 23, 2000	Group Art Unit 2833	Examiner Felix O. Figueroa
Application Number 09/643,948	Filed August 23, 2000					
Group Art Unit 2833	Examiner Felix O. Figueroa					
<p>Applicant hereby requests an oral hearing before the Board of Patent Appeals and Interferences from in the appeal of the above-identified application.</p>						
<p>The fee for this Request for Oral Hearing is (37 CFR 1.17(d)) <u>\$280.00</u></p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: <u>\$_____</u>.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 19-2380. I have enclosed a duplicate copy of this sheet.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(b) (PTO/SB/23) is enclosed. For extensions of time in reexamination proceedings, see 37 CFR 1.550(c).</p>						
<p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p>						
<p>I am the</p> <p><input type="checkbox"/> applicant/inventor.  Signature</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO-SB/96)</p> <p><input checked="" type="checkbox"/> attorney or agent of record. <u>Donald R. Studebaker, Reg. No. 32,815</u> Typed or printed name</p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). <u>August 29, 2003</u> Date</p>						
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input type="checkbox"/> *Total of _____ forms are submitted.</p>						

09/02/2003 MDEMESS1 00000060 09643948

02 FC:1403

280.00 OP